

AUG 24 2005

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DATE	Wednesday, August 24, 2005 2:40:16 PM

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TO	Gary Jackson
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TELEPHONE	
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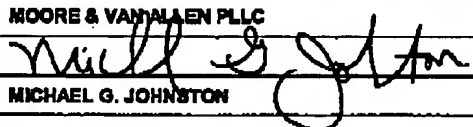
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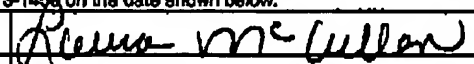
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10055,280
	Filing Date	September 30, 2002
	First Named Inventor	Jeffrey C. Leung
	Art Unit	3731
	Examiner Name	JACKSON, GARY
	Attorney Docket Number	013341-000018
Total Number of Pages in This Submission		

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notices, Briefs, Reply Briefs) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of 1 Cited Non-US Patent Reference.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MOORE & VANHALEN PLLC		
Signature			
Printed Name	MICHAEL G. JOHNSTON		
Date	August 24, 2005	Reg. No.	38,194

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO (fax number 571-273-8300) or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1456 on the date shown below.			
Signature			
Typed or printed name	Laura McCullen	Date	August 24, 2005

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known Application Number 10/065,280 Filing Date September 30, 2002 First Named Inventor Jeffrey C. Leung Examiner Name Gary Jackson Art Unit 3731 Attorney Docket No. 013341-000019	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1,360.00			

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: **13-4385** Deposit Account Name: **Moore & Van Allen PLLC**
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims	30	
Extra Claims	10-7 = 3	
Fee (\$)	\$60.00	
Fee Paid (\$)	\$160.00	
HP = highest number of total claims paid for, if greater than 20 *7 extra claims paid for at filing.		
Indep. Claims	3	
Extra Claims	10-7 = 3	
Fee (\$)		
Fee Paid (\$)		
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
30	70	1	250	250

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: **3 Month Extension of Time and IDS**

\$1,200.00

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent) 38,194	Telephone (919) 288-8000
Name (Print/Type) Michael G. Johnston		Date 08/24/2005

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